

TAXI OPERATORS LICENSE APPLICATION

INSTRUCTIONS: Use this form for a **TAXI OPERATORS LICENSE ONLY**. Please print or type all required information clearly. Along with this application, you must submit the fees, and all documentation that is listed as required.

All documentation must be attached or this application will not be accepted.

APPLICANT INFORMATION

Status (circle one): INITIAL / RENEWAL

Name: _____

Address: _____ City/State/Zip: _____

Length of Residence: _____ If less than 6 months provide your previous address:

Address: _____ City/State/Zip: _____

Telephone: _____ Cell phone: _____

Social Security Number: ____ - ____ - ____ Driver License Number: _____

State: _____ Expiration Date: _____ DOB: _____ Sex (circle one): M / F

Height: _____ Weight: _____ Hair Color _____ Eye Color: _____

Taxi Company Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

REFERENCE INFORMATION (List three references not related to you)

- | | | | |
|----|-------------------|------------------|---------------------------|
| 1. | _____ | _____ | _____ |
| | Name of Reference | Telephone Number | Relationship to Reference |
| 2. | _____ | _____ | _____ |
| | Name of Reference | Telephone Number | Relationship to Reference |
| 3. | _____ | _____ | _____ |
| | Name of Reference | Telephone Number | Relationship to Reference |

EMPLOYMENT INFORMATION (List the last three employers)

- | | | | |
|----|------------------|---------------------------|------------------------|
| 1. | _____ | Start (month/year) _____ | End (month/year) _____ |
| | Employer Name | Length of Employment | |
| | _____ | _____ | _____ |
| | Employer Address | Employer Telephone Number | |
| 2. | _____ | Start (month/year) _____ | End (month/year) _____ |
| | Employer Name | Length of Employment | |
| | _____ | _____ | _____ |
| | Employer Address | Employer Telephone Number | |
| 3. | _____ | Start (month/year) _____ | End (month/year) _____ |
| | Employer Name | Length of Employment | |
| | _____ | _____ | _____ |
| | Employer Address | Employer Telephone Number | |

CERTIFICATION

Have you ever been convicted of a felony? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been convicted of a motor vehicle violation? YES / NO If yes, please attach a separate sheet and explain.

Have you ever loss the privilege to operate a motor vehicle? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been licensed to drive in any other State? YES / NO If yes, and have been licensed to drive in New Hampshire less than 7 Years, you are required to submit the following:

- ☐ Applicant's Criminal Record (Issued from the previous "State" of license) – Original Record
- ☐ Motor Vehicle Driver Record (Issued from the previous "State" of license) – Original Record

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and that I have submitted the required information with this application:

- ☐ \$25.00 Taxi Operators License application fee (Non-refundable)
- ☐ Copy of the applicant's (State of Residency) valid motor vehicle operator's license
- ☐ 2 Photographs of the applicant (Taxi Operator)
- ☐ Employment Statement (or statement of intent to employ from employer)
- ☐ Applicant's Criminal Record – Completed Original Record (Criminal Record Form is obtained from the State Police of the applicants' state of residence.)
- ☐ Applicant's Motor Vehicle Driver Record – Completed Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' state of residence.)

Applicant Signature: _____ Date: _____

Please refer to the Hampton Code of Ordinances Chapter 448 "Ordinance for the Regulations of Taxi Businesses" for information and complete details of all requirements and documentation for a taxi operator's license.

ALL APPLICATIONS ARE VERIFIED BY A RECORDS CHECK. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE.

ALLOW 21 DAYS FOR THE PROCESSING OF THE LICENSE FROM THE DATE OF ACCETPTANCE OF A COMPETED APPLICATION.

THE LICENSE WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF ANY STATE ISSUED DRIVERS LICENSE

ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE TAXI BUSINESSES INSURANCE POLICY.

LICENSE EXPIRES ON MARCH 31st, 2016

PLEASE DO NOT WRITE BELOW THIS LINE – POLICE DEPARTMENT USE ONLY

POLICE DEPARTMENT REVIEW

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL STIPULATIONS:

Licensing Officer Signature: _____ Date: _____

Taxi Operator License granted this day. _____

Board of Selectmen:
